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ADVANCED NEUROMODULATION SYSTEMS, INC. 6901 PRESTON ROAD

PLANO, TX 75024

07/25/2003

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(Signal April 30, 2007 (De APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO George Van Campen

TITLE OF INVENTION: METHOD AND APPARATUS FOR PROVIDING COMPLEX TISSUE STIMULATION PATTERNS

APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUÉ	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	1400 \$700	. \$300	\$0	_\$1000	05/02/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS		\$1700	
MANUEL, GEORGE C 3762		607-046000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.50). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agento SQ, alternatively. (2) the name of a single firm (thaving as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.		ers 2 Christop	Lando
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		

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Please cheek the appropriate assignce eategory or eategories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted)

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